

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 101
Registered No. 92

1. PLACE OF BIRTH

County Gila State _____
District or Township Hayden or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Gladys Adeline Garner (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Dec 5 1927
Month Day Year

8. FATHER
Full name Robert Garner
9. Residence (Usual place of abode) Hayden Ariz
If non-resident, give place and state.

14. MOTHER
Full name Minnie A. McKee
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 25 (Years)

16. Color or race White 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Texas
(State or country)

18. Birthplace (city or place) Galveston Island
(State or country)

13. Occupation Restaurant
Nature of industry Keeper

19. Occupation Housewife
Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Hueston (Born alive or stillborn) _____

Given name added from a supplemental report _____ Month, day, year _____

Address Hayden, Ariz (Physician or midwife)

Filed Dec 10, 1927 1510 Registrar

Registrar

779-1205-445